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FEE TRANSMITTAL for FY 2002

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TOTAL AMOUNT OF PAYMENT		(\$ 460.00)		Attorney Docket No. REDL-002	
METHOD OF PAYMENT				Complete if Known.	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27				Application Number 09/645,071	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				Filing Date August 23, 2000	
FEE CALCULATION				First Named Inventor ENGLEBIENNE, PATRICK	
2. BASIC FILING FEE				Examiner Name NOLAN, PATRICK J.	
Large Entity Fee Code (\$)				Group Art Unit 1644	
Small Entity Fee Code (\$)				Attorney Docket No. REDL-002	
Fee Description					
Fee Paid					
SUBTOTAL (1)					
1. EXTRA CLAIM FEES				3. ADDITIONAL FEES	
Total Claims 25-25** = x				Large Entity Fee Code (\$)	
Indep. Claims 5-5** = x				Small Entity Fee Code (\$)	
Multiple Dependent				Fee Description	
Large Entity Fee Code (\$)				Fee Paid	
Small Entity Fee Code (\$)					
Fee Description					
SUBTOTAL (2) \$					
*or number previously paid, if greater; For Reissues, see above.				SUBTOTAL (3) (\$ 460.00)	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Bret E. Field	Registration No. (Attorney/Agent)	37,620	Telephone	(650) 327-3400
Signature				Date	11/05/2002

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/645,071
		Filing Date	August 23, 2000
		First Named Inventor	ENGLEBIENNE, PATRICK
		Group Art Unit	1644
		Examiner Name	NOLAN, PATRICK J.
Total Number of Pages in This Submission	7	Attorney Docket Number	REDL-002
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard	
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)			
<input checked="" type="checkbox"/> Extension of Time Requested <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620		
Signature			
Date	November 5, 2002		

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: November 5, 2002.	
Typed or printed name	Donna Macedo
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